

MISSOURI DEPT. OF REVENUE
EMPLOYER'S RETURN OF
INCOME TAXES WITHHELD

FORM
MO-941
(REV. 11-2000)

FILING FREQUENCY

DUE ON OR BEFORE

MO TAX ID
NUMBER

FOR TAX
PERIOD
(CC,YY,MM)

FEIN

BUSINESS NAME

OWNER'S NAME

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return.

AUTHORIZED SIGNATURE

DATE

MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O.
Box 999, Jefferson City, Missouri 65108-0999.

1. Withholding
This Period

\$

2. Compensation
Deduction

\$

3. Previous Overpay/
Payments

\$

4. Balance Due

\$

5. Additions to Tax
(see Instructions)

\$

6. Interest
(see Instructions)

\$

7. Total Amount Due
(U.S. funds only)

\$

DOR USE ONLY

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